


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90009 029 \*\*\*150.00

<b>DOCUMENT # P99000099693</b>		
1. Entity Name <b>MAI INSURANCE SERVICES, INC.</b>		

Principal Place of Business <b>C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI, FL 33126</b>	Mailing Address <b>C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI, FL 33126</b>
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2. Principal Place of Business - No P.O. Box # <b>10 NW Le Jeune Road</b>	3. Mailing Address <b>10 NW Le Jeune Road</b>
Suite, Apt. #, etc. <b>500</b>	Suite, Apt. #, etc. <b>500</b>

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33126</b>	Zip <b>33126</b>
Country <b>Dade</b>	Country <b>Dade</b>



01172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0966185</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI, FL 33126</b>	
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7. Name and Address of New Registered Agent Name <b>Esquire Corporate Services, Inc.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10 NW Le Jeune Road</b>	
Suite <b>500</b>	
City <b>Miami</b>	FL Zip Code <b>33126</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS IGLESIAS, MARIA 15807 SW 402 LANE MIAMI, FL 33146 <b>702 MADEIRA AV. CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Iglesias, Maria 702 Madeira Avenue Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2-26-07 305 975 4411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #